

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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95 APR -6 AM 11:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J57477** (8)

1. Corporation Name
JC OF GAINESVILLE, INC.

Principal Place of Business Mailing Address
% KEITH CRAIG
6100 NW 58TH PLACE
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/10/1987** 3a. Date of Last Report **03/14/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26** **PO BOX 53**

4. FEI Number **59-2873300** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **28** **GAINESVILLE, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **32602** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAIG, KEITH
6100 NW 58TH PLACE
GAINESVILLE FL 32606

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Specify typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **CRAIG, KEITH**
STREET ADDRESS **6100 NW 58TH PLACE**
CITY ST ZIP **GAINESVILLE FL**

11 TITLE Change Addition

TITLE **STD**
NAME **CRAIG, EUGENE**
STREET ADDRESS **6100 NW 58TH PLACE**
CITY ST ZIP **GAINESVILLE FL**

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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******200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

14. I do hereby certify that the information provided with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I changed or am to be appointed with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/31/95
EW
9045X695
4-6-95